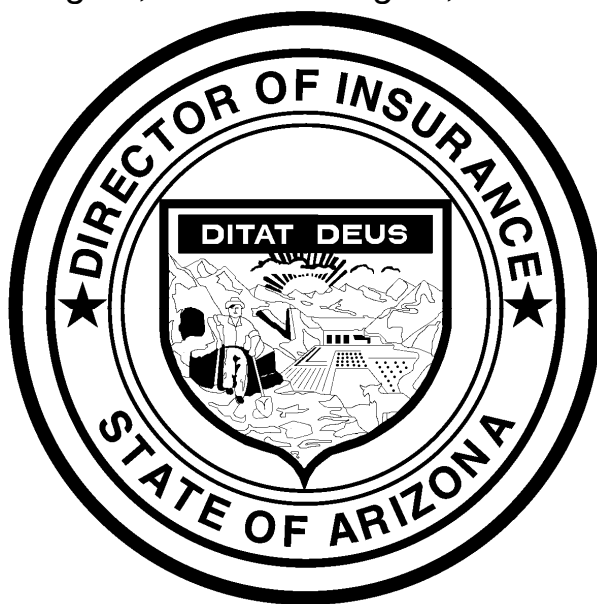


INSTRUCTIONS FOR FORM L-LTD

*Insurance License Application
for a Business Entity Limited License
(Portable Electronics Agent, Rental Car Agent, Self Service Storage Agent)*



DO NOT use Form L-LTD to apply for a business-entity producer license. Instead, use Form L-176.

For an individual applying for a Self Service Storage Agent license, use Form L-169

Carefully read instructions. If your license application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.

QUESTIONS? Before calling the Department of Insurance, look for the answer to your question on the PRODUCERS page of the Department of Insurance Internet web site (www.azinsurance.gov). For questions not addressed on our web site, contact the Insurance Licensing Section:

- E-mail: Licensing@azinsurance.gov
- Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

Send your application materials and fees to

INSURANCE LICENSING SECTION
2910 N 44TH ST # 210
PHOENIX, AZ 85018-7269

INSTRUCTIONS FOR FORM L-LTD
Limited License Application

1. **OFFICE LOCATIONS.** If the applicant transacts business at any **office** location other than the address provided in Section I, submit Form L-LOC with the application.
2. **FEES.** Fees are **NON-REFUNDABLE** and are not prorated [ARS § 20-167(B)]. Make your check or money order payable to **INSURANCE LICENSING SECTION**. The fee to obtain a new Arizona insurance license **OR** to add authority to an existing license is **\$120.00**.
3. **IF YOU ANSWERED “YES” TO ONE OR MORE OF THE QUESTIONS IN SECTION IV**, you must include:
 - a) a SIGNED statement describing **in detail** all incidents including
 - names of all parties involved,
 - dates and locations,
 - the names and localities of any courts and/or administrative agencies involved,
 - the disposition of each matter,
 - whether the conviction, plea or finding was for a felony or open-ended charge; **AND**
 - b) Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. *If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.*
4. **ASSUMED NAME (OR DBA).** While conducting insurance business, you must use your legal name. To use another name, submit Form L-193.
5. **IF APPLICANT IS ORGANIZED/INCORPORATED WITHIN ARIZONA**, you must provide the following organizational documents:
 - ***If the applicant is a corporation or limited liability company***, submit a copy of the articles of incorporation or articles of organization, stamped as “**filed**” with the Arizona Corporation Commission. The articles must show that the primary business address is within AZ.
 - ***If the applicant is a partnership***, submit with the application a copy of the written **partnership agreement** and **certificate of registration** stamped as “recorded” in the office of the Arizona Secretary of State, or if organized outside Arizona, stamped as “recorded” with the official office in which the partnership was recorded. The agreement must show the primary business address as being within AZ.
 - ***If the applicant is a business trust***, include a copy of the filed and recorded trust agreement.

THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.

INSURANCE LICENSE APPLICATION FOR A LIMITED LINES LICENSE (FORM L-LTD)

Self Service Storage Agent • Rental Car Agent • Portable Electronics Agent

1. DO NOT use Form L-LTD to apply for a business entity insurance producer license. See Form L-176
2. For an individual applying for a Self-service Storage Agent license, use Form L-169
2. A business entity must formally establish itself before applying for an insurance license. See Instructions
4. **CAREFULLY READ THE ENCLOSED INSTRUCTION PAGES.**
5. Complete BOTH SIDES (printed in ink or typed) of this form and fulfill all other requirements described in the enclosed instructions. Additional required forms are available on our Internet web site, at www.azinsurance.gov
6. Send your application materials and payment to:

INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269

SECTION I: BUSINESS INFORMATION

Full Name of Applicant (If intending to use an assumed name or d.b.a. name, also see instructions)		FEIN #	
Physical street address of record (may not be P.O. box)		City	State Zip Code
Mailing address to appear on license (if left blank, box B address will appear on license)*		City	State Zip Code
Telephone Number	* The physical street address may not be a post office box. The mailing address may be a post office box if desired. NOTE: If the applicant shall transact business at locations other than the physical address identified in Section I, applicant must attach form L-LOC.		
Fax Number (optional)	E-mail Address (optional)		

SECTION II: LICENSE SELECTION

 Enter an "X" to the left of the license authority for which you are applying.

☐ Portable Electronics ☐ Rental Car ☐ Self Service Storage

SECTION III: PRINCIPALS OF THE APPLICANT List the names and titles of the principals, including all owners with a 10% or greater share of voting rights excluding ownership in publicly held securities, directors and officers if a corporation, partners if a partnership, members and managers if a limited liability company, trustees if a trust, and owners and stockholders. Attach a signed and dated list if additional space is needed.

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

License Type: _____ License Number: _____	<input type="checkbox"/> 56: Quad (\$120.00)
Issued Date: ____/____/____	TF # _____
Approved for Licensing by: _____	

SECTION IV: ADDITIONAL INFORMATION Carefully respond to each question. **You should provide a “YES” answer even if you believe an incident has been cleared from your record.** Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application. **NOTE: You must provide additional information if you respond “YES” to any of the following.**

For the purposes of this application, "judgment" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any charge. You must answer “Yes” even if a conviction was dismissed, expunged, pardoned, appealed, set aside, vacated or reversed, etc., OR even if applicant had civil rights restored, had a plea withdrawn, or was given probation, a suspended sentence or a fine, or successfully completed a diversion program.

A.	Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license EVER withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license EVER been convicted or found guilty of, had a judgment made against for, or admitted to, any of the following:	
	1. A felony (of any kind)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Withholding, misappropriating, converting or stealing money or property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Committing an insurance unfair trade practice or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Transacting, or helping someone else transact, insurance without the required license authority? ...	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	Is ANY case currently pending against the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license in any jurisdiction accusing you of any issue listed in Question C?:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION V: AUTHORIZATION AND RELEASE By my signature below, I hereby attest and affirm all the following:

- I am the authorized individual who represents the applicant named hereon which is organized under the laws of the State of Arizona or possesses official authority to do business in Arizona;
- I have read the application and accompanying materials, and each statement, answer, attachment and enclosure provided in the application and accompanying materials are true, complete and correct;
- I acknowledge that if there exists any fraud or misrepresentation in attempting to obtain any insurance license in this State, the Director of Insurance may refuse to accept any application for a license;
- I understand that pursuant to A.R.S. § 20-291, application for and acceptance of a non-resident license constitutes an irrevocable appointment of the Director of insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license;
- Service of process on the director on behalf of a non-resident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.

Signature of a principal (see Section III) of the applicant _____	Printed or typed name of signer _____	Date _____
Title _____	Email address: _____	Phone _____